



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
(916) 263-3408
(916) 263-3403 facsimile

SPOUSE APPLICATION FOR STATE GAMBLING LICENSE

Please read the "Instructions to Applicant's Spouse" to determine if you are required to complete this application. Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A." If the space available is insufficient, use a separate sheet and precede each answer with the applicable part, section, and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

PART I - GENERAL INFORMATION

Part I must be completed by all applicants.

A. Name of Applicant: _____

Mailing Address: _____
Street City State Zip

B. Name of Gambling Establishment: _____

Location: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____

C. Type of Application (check one box only):

Spouse of a Sole Proprietor ☐
(Complete Parts I & II, and Page 38. Review Part IV, check the appropriate box at the top of the page, and follow the appropriate instructions.)

Spouse of an Owner with a Partnership Interest
(Complete Parts I & II, and Page 38. Review Parts III & IV, check the appropriate box at the top of the page, and follow the appropriate instructions.)

General ☐ Limited ☐

Spouse of an Owner with a Corporate Interest
(Complete Parts I & II, and Page 38. Review Parts III & IV, check the appropriate box at the top of the page, and follow the appropriate instructions.)

Officer ☐ Director ☐ Shareholder ☐

Spouse of an Owner with a Trust Interest
(Complete Parts I & II, and Page 38.)

Trustee ☐ Trustor ☐ Beneficiary ☐

PART II - PERSONAL APPLICANT INFORMATION

Part II must be completed by all applicants.

A. PERSONAL

1. Full Name: _____
Last First Middle Maiden
2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: _____

3. Date of Birth: _____
4. Place of Birth: _____
City County State Country
5. Residence Address: _____
Street City State Zip
6. Business/Employment Address: _____
Street City State Zip
7. Occupation: _____
8. Telephone: Residence: (____) _____ Business: (____) _____
9. Social Security Number*: _____ Driver License/Identification Card No./State Issued: _____
10. Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____
11. Distinguishing marks (scars, tattoos, etc). Describe and indicate location:

12. Sex: Male ☐ Female ☐

AFFIX A
PASSPORT QUALITY
PHOTOGRAPH
TAKEN WITHIN THE
LAST 30 DAYS
HERE

Date of Photograph: _____

*Applicants are required to provide their social security number pursuant to Business and Professions Code sections 19834A.(a)(2), 19853A.(b)(6), and 19853.5. This information is used to obtain records relevant to background investigations.

B. CITIZENSHIP

Are you a United States citizen? Yes ☐ No ☐

If alien, Registration No.: _____

If naturalized, Certificate No.: _____

Date Naturalized: _____

C. MARITAL

1. Current Spouse Information:

Full Name: _____
Last First Middle Maiden

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

2. Former Marriage(s):

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From-To)

3. Co-habitants and Roommates

Provide the following information for any adults, not disclosed in question C1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

D. MILITARY

1. Have you ever served in any armed forces: Yes ☐ No ☐

If yes, Country Served: _____ Branch: _____

Dates of Service (From-To): _____ Type of Discharge: _____

Rating at Separation: _____ Serial Number: _____

2. While in the military service, were you ever charged with any offense or disciplined: Yes ☐ No ☐

If yes, provide complete details: _____

E. CONVICTION, LITIGATION AND ARBITRATION

1. Have you ever been convicted of a felony? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under 18 years of age, has been issued.) Yes ☐ No ☐
2. Have you ever engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? Yes ☐ No ☐
3. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under 18 years of age, has been issued.) Yes ☐ No ☐
4. Have you ever engaged in bookmaking or other illegal gambling activities? Yes ☐ No ☐

If your answer to E1-4 was yes, provide the following details.

Date	Arresting Agency City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

5. Has a criminal indictment, information, or complaint ever been returned against you which you have not included in E1-4 above? Yes ☐ No ☐

If yes, provide complete details: _____

6. Have you received a pardon for any criminal offense? Yes ☐ No ☐

If yes, provide complete details: _____

7. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐

If yes, provide complete details: _____

8. Have you ever been subpoenaed to appear or testify before a county, state, or federal grand jury, government board or commission? Yes ☐ No ☐

If yes, provide complete details: _____

9. Have you, as an individual, member of a partnership, or shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years? Yes ☐ No ☐

If your answer to E9 was yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

10. Have you ever been charged with a violation of any campaign law(s)? Yes ☐ No ☐

If your answer to E10 was yes, provide the following details:				
Date	Charging Agency	City & State	Charge	Disposition/Date
Brief Explanation of Charges:				
Brief Explanation of Charges:				
Brief Explanation of Charges:				

F. LICENSING

1. Have you ever applied to a local government agency for a permit, badge, or license to own, operate, or work in a gambling establishment? Yes ☐ No ☐

If your answer to F1 was yes, provide the following details:				
Local Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied	Dates Held or Reasons for Denial

2. Have you ever held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse or dog, lottery, casino, bookmaking operation, pari-mutual operation, or bingo parlor? Yes ☐ No ☐

If your answer to F2 was yes, provide the following details:			
Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

3. Have you ever been granted a gambling registration, license, or related finding of suitability, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state? Yes ☐ No ☐

If your answer to F3 was yes, provide the following details:			
Gambling Establishment Name & Address	Issuing Agency	License Number	Dates Held

4. Have you ever been denied a gambling registration, license, or related finding of suitability, or been a participant in any group which has been denied a gambling registration, license, or related finding of suitability in any state? Yes ☐ No ☐

If your answer to F4 was yes, provide the following details:		
Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Denial

5. Have you ever withdrawn an application for a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn an application for a gambling registration, license, or related finding of suitability in any state? Yes ☐ No ☐

If your answer to F5 was yes, provide the following details:		
Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

6. Do you have any relatives who are or have been associated with, employed in, or plan to be employed in the gambling industry? Yes ☐ No ☐

If your answer to F6 was yes, provide the following details:			
Name	Job Title	Date	Name of Gambling Establishment

7. Have you ever applied for a privileged registration, professional license or certificate (other than gambling) in any state, including, but not limited to, the following:

Alcoholic Beverage License
Real Estate Broker or Sales
Accountant

Lawyer
Doctor
Boxing Promoter

Race Horse/Dog Owner
Jockey
Trainer or Manager

Securities Dealer
Contractor
Pilot

Yes ☐ No ☐

If your answer to F7 was yes, provide the following details:				
Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

8. Have any disciplinary actions ever been taken, or are any actions pending, against the aforementioned registration(s), license(s), and/or certificate(s)? Yes ☐ No ☐

If your answer to F8 was yes, provide details here.				
Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

9. Have you ever appeared before any licensing agency or similar authority in or outside the State of California, for any reason whatsoever? Yes ☐ No ☐

If yes, provide complete details: _____

PART III - PARTNERSHIP/CORPORATION INFORMATION

Part III must be completed if the information varies from that submitted in the partnership or corporate application. Check appropriate box below.

Information is the same as that submitted by, or on behalf of, the partnership or corporation in "Application for State Gambling License" (DGC-APP. 015 [Rev. 7-99]), Part III.

Yes ☐ No ☐ (If Yes, go to Part IV. If No, complete Part III.)

A. Name of Partnership/Corporation: _____

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____

B. List all individuals with an ownership interest in the partnership or corporation.

Name	Title	Investment Amount	Percentage of Interest
TOTAL (MUST EQUAL 100%)			

C. Has this business entity been party to a lawsuit or arbitration within the last 10 years? Yes ☐ No ☐

If your answer to C was yes, provide details here:				
Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

- D. Has any interest in this business entity been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby any interest is to be assigned, pledged, or sold either in part or in whole? Yes ☐ No ☐

If yes, provide complete details: _____

- E. Has this business entity ever filed bankruptcy? Yes ☐ No ☐

If yes, identify the Federal District Court where the bankruptcy was filed, case number, and date filed, and describe the circumstances which resulted in this action. Provide copies of the bankruptcy petition listing all creditors and the order discharging debts.

- F. Have any individuals or governmental agencies filed liens against this business entity? Yes ☐ No ☐

If yes, provide complete details: _____

- G. Has this business entity had any purchase repossessed or debt turned over to collection for any reason within the last 10 years? Yes ☐ No ☐

If yes, provide complete details: _____

- H. Does this business entity own or control any assets or liabilities located outside the United States? Yes ☐ No ☐

If yes, provide complete details: _____

- I. Does this business entity control or manage any assets or liabilities for another person or entity? Yes ☐ No ☐

If yes, provide complete details: _____

J. Does this business entity hold in trust any assets for another person or entity? Yes ☐ No ☐

If yes, provide complete details: _____

K. Has this business entity's state or federal income tax return ever been audited or adjusted? Yes ☐ No ☐

If yes, provide complete details: _____

L. Business entity's last federal income tax return was filed on _____ ,

19____ for tax year 19____ at _____
City State

M. Business entity's last state income tax return was filed on _____ ,

19____ for tax year 19____ at _____
City State

N. GROSS ANNUAL INCOME

Source: _____ Annual Amount \$ _____

Source: _____ Annual Amount \$ _____

Source: _____ Annual Amount \$ _____

TOTAL GROSS ANNUAL INCOME \$ _____

O. STATEMENT OF ASSETS

From the following schedules of assets, list the total value of all assets, both tangible and intangible, as of the date of this application. All assets must be listed and described fully on the corresponding schedule. If applicable, the business entity's investment in the gambling establishment should be reflected on one of the schedules listed below.

	Current Market Value
ASSETS:	
Cash (Total From Schedule III "A")	\$ _____
Accounts and Notes Receivable (Total From Schedule III "B")	\$ _____
Stocks and Bonds (Total From Schedule III "C")	\$ _____
Business Investments (Total From Schedule III "D")	\$ _____
Real Estate (Total From Schedule III "E")	\$ _____
Other Assets (Total From Schedule III "F")	\$ _____
TOTAL ASSETS	\$ _____

P. STATEMENT OF LIABILITIES

From the following schedules of liabilities, list the total of all liabilities, as of the date of this application. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business entity's investment in the gambling establishment should be reflected on one of the schedules listed below.

	Present Balance
LIABILITIES:	
Accounts Payable (Total From Schedule III "G")	\$ _____
Taxes Payable (Total From Schedule III "H")	\$ _____
Notes Payable (Total From Schedule III "I")	\$ _____
Mortgages Payable (Total From Schedule III "J")	\$ _____
Contingent and Other Liabilities (Total From Schedule III "K")	\$ _____
TOTAL LIABILITIES	\$ _____

STATEMENT OF ASSETS

SCHEDULE III "A"

Cash

List all cash the business entity has and where it is located, e.g. bank accounts (foreign and domestic), safe deposit boxes, and office safes, etc.

[illegible]

STATEMENT OF ASSETS

SCHEDULE III “B”
Accounts and Notes Receivable

List all accounts and notes receivable held by the business entity.

Name & Address of Debtor	Date Acquired	Maturity Date	Collateral	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
						TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE III "C"

Stocks and Bonds

List all stocks and bonds held or controlled by the business entity. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust should be listed.

Issuer	Account Number	Type	No. of Shares or Units	Name(s) in Which Held	Current Market Value
TOTAL \$					

STATEMENT OF ASSETS

SCHEDULE III "D" Business Investments

List any business investments in which any direct, indirect, vested, or contingent interest is held by the business entity, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. This should include, but not be limited to, joint ventures, partnerships, and corporations.

Entity Name	Type of Equity	No. of Shares or Units	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Name in Which Held	Date of Purchase	Purchase Price	Current Market Value
TOTAL \$								

STATEMENT OF ASSETS

SCHEDULE III “E”
Real Estate

List any real property in which the business entity holds any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income	Purchase Price	Current Market Value

SCHEDULE III "F"

Other Assets

List all other assets the business entity holds (e.g., automobiles, jewelry, artwork, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Current Market Value
			TOTAL \$	

SCHEDULE III “G”
Accounts Payable
(Revolving Accounts/Credit Cards)

[illegible]

STATEMENT OF LIABILITIES

SCHEDULE III "H" Taxes Payable

List all unpaid taxes for which the business entity is obligated.

Name of Creditor (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE III “T”
Notes Payable

List all notes payable for which the business entity is obligated.

Name & Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Note Amount	Unpaid Balance
TOTAL \$						

STATEMENT OF LIABILITIES

SCHEDULE III “J”
Mortgages Payable

List all mortgages or liens on real estate for which the business entity is obligated.

[illegible]

SCHEDULE III “K”

Contingent and Other Liabilities

[illegible]

PART IV - GAMBLING ESTABLISHMENT INFORMATION

Part IV must be completed by the applicant if the information varies from that submitted in the sole proprietor, partnership, or corporate application. Check appropriate box below.

Information is the same as that submitted by, or on behalf of, the sole proprietor, partnership, or corporation in "Application for State Gambling License" (DGC-APP. 015 [Rev. 7-99]), Part IV.

Yes ☐ No ☐ (If Yes, go to Page 38. If No, complete Part IV.)

A. Operational Hours:

☐ 24 Hours/365 Days, or:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

B. Business Office Hours:

☐ Same as Operational Hours, or:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

C. Proposed Number of Tables to Be Operated in the Gambling Establishment: _____

D. Name(s) of Proposed Game(s):

- E. List all individuals with a financial interest in the gambling establishment. Each of the persons named is required to submit a separate application.

Name	Investment Amount	Percentage of Interest
TOTAL (MUST EQUAL 100%)		

- F. List all other individuals, not listed in question E above, with a financial interest in the gambling establishment, including, but not limited to, percentage lease landlords and percentage game inventors.

Name	Nature of Interest

G. Rent/Lease Information:

1. Property Owner: _____
2. Address: _____
3. Telephone Number: (____) _____
4. Monthly Rent/Lease Payment: \$ _____
5. Is any portion of the rent/lease payment based on gambling establishment revenues? Yes ☐ No ☐

H. GROSS ANNUAL INCOME

Source: _____	Annual Amount	\$ _____
Source: _____	Annual Amount	\$ _____
Source: _____	Annual Amount	\$ _____
TOTAL GROSS ANNUAL INCOME		\$ _____

I. STATEMENT OF ASSETS

From the following schedules of assets, list the total value of all assets, both tangible and intangible, as of the date of this application. All assets must be listed and described fully on the corresponding schedule. If applicable, the total invested in the gambling establishment should be reflected on one of the schedules listed below.

	Current Market Value
ASSETS:	
Cash (Total From Schedule IV "A")	\$ _____
Accounts and Notes Receivable (Total From Schedule IV "B")	\$ _____
Stocks and Bonds (Total From Schedule IV "C")	\$ _____
Business Investments (Total From Schedule IV "D")	\$ _____
Real Estate (Total From Schedule IV "E")	\$ _____
Other Assets (Total From Schedule IV "F")	\$ _____
TOTAL ASSETS	\$ _____

J. STATEMENT OF LIABILITIES

From the following schedules of liabilities, list the total of all liabilities, as of the date of this application. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the total invested in the gambling establishment should be reflected on one of the schedules listed below.

	Present Balance
LIABILITIES:	
Accounts Payable (Total From Schedule IV "G")	\$ _____
Taxes Payable (Total From Schedule IV "H")	\$ _____
Notes Payable (Total From Schedule IV "I")	\$ _____
Mortgages Payable (Total From Schedule IV "J")	\$ _____
Contingent and Other Liabilities (Total From Schedule IV "K")	\$ _____
TOTAL LIABILITIES	\$ _____

STATEMENT OF ASSETS

SCHEDULE IV “A”

Cash

List all cash the gambling establishment has and where it is located, e.g. bank accounts (foreign and domestic), safe deposit boxes, and office safes, etc.

Location of Cash (e.g., Name & Address of Bank)	Names of Persons Who Have Signature Authority on Account	Account No.	Date Opened	Type of Account	Balance
				TOTAL \$	

SCHEDULE IV “B”
Accounts and Notes Receivable

Name & Address of Debtor	Date Acquired	Maturity Date	Collateral	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
						TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE IV "C" Stocks and Bonds

List all stocks and bonds held or controlled by the gambling establishment. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust should be listed.

Issuer	Account Number	Type	No. of Shares or Units	Name(s) in Which Held	Current Market Value
TOTAL \$					

STATEMENT OF ASSETS

SCHEDULE IV "D" Business Investments

List any business investments in which any direct, indirect, vested, or contingent interest is held by the gambling establishment, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. This should include, but not be limited to, joint ventures, partnerships, sole proprietorships, and corporations.

Entity Name	Type of Equity	No. of Shares or Units	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Name in Which Held	Date of Purchase	Purchase Price	Current Market Value
TOTAL \$								

STATEMENT OF ASSETS

SCHEDULE IV “E”
Real Estate

List any real property in which the gambling establishment holds any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income	Purchase Price	Current Market Value
				</		

STATEMENT OF ASSETS

SCHEDULE IV "F"
Other Assets

List all other assets the gambling establishment holds (e.g., automobiles, jewelry, artwork, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Current Market Value
			TOTAL \$	

SCHEDULE IV “G”
Accounts Payable
(Revolving Accounts/Credit Cards)

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE IV "H" Taxes Payable

List all unpaid taxes for which the gambling establishment is obligated.

Name of Creditor (e.g., Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Unpaid Balance
			TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE IV “T”
Notes Payable

List all notes payable for which the gambling establishment is obligated.

Name & Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Note Amount	Unpaid Balance

STATEMENT OF LIABILITIES

SCHEDULE IV “J”
Mortgages Payable

List all mortgages or liens on real estate for which the gambling establishment is obligated.

[illegible]

SCHEDULE IV “K”

Contingent and Other Liabilities

[illegible]

STATE OF _____

COUNTY OF _____

I, _____, declare that I have read the foregoing Spouse Application for
(Type or Print Full Name)
State Gambling License and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this declaration with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state gambling license, finding or permit; and, further, that I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code Section 19800 et seq.), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11, Div. 3, Chapter 1.) as promulgated thereunder and agree to abide thereby.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of California and its agents, relating to this Spouse Application for State Gambling License.

I declare under penalty of perjury that the forgoing is true and correct.

Executed this ____ day of _____, 19____, at _____
City State

Applicant Signature